

1056

MARGIN RESERVED FOR BINDING. N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH					
County <u>Marijuana</u>		State <u>Arizona</u>		State File No. <u>111</u>	
District or Township <u>Palm Springs</u>		City <u>Palm Springs</u>		Local Registrar's No. <u>18</u>	
No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number). Ward _____					
2. FULL NAME <u>Joan Armenta</u>					
(a) Residence, No. <u>Marijuana</u>		City <u>Palm Springs</u>		Ward _____	
(Usual place of abode)		(If non-resident, give city or town and State)			
Length of residence in city or town where death occurred		How long in U. S. if of foreign birth?			
yrs. mos. da.		yrs. mos. da.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR or RACE <u>Mex</u>		5. SINGLE, MARRIED, WIDOWED or DIVORCED. <u>Single</u>	
				(Write the word)	
6. DATE OF BIRTH (month, day and year) <u>7-2-31</u>					
7. AGE		Years		Months	
		Days		IF LESS than 1 day _____ hrs. or _____ min.	
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work _____					
(b) General nature of industry, business or establishment in which employed (or employer) _____					
(c) Name of employer _____					
9. BIRTHPLACE (city or town) <u>Marijuana</u>					
(State or country) _____					
10. NAME OF FATHER <u>Nicolas Armenta</u>					
(city or town) _____					
11. BIRTHPLACE OF FATHER <u>Mexico</u>					
(State or country) _____					
12. MAIDEN NAME OF MOTHER <u>Amelia Sanchez</u>					
(city or town) _____					
13. BIRTHPLACE OF MOTHER <u>Arizona</u>					
(State or country) _____					
14. Informant <u>Nicolas Armenta</u>					
(Address) <u>Marijuana</u>					
15. Filed _____, 19 _____					
Registrar. <u>[Signature]</u>					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>7</u> Month <u>3</u> Day <u>1931</u> Year					
17. I HEREBY CERTIFY, That I attended deceased from _____, 19 _____ to _____, 19 _____, that I last saw him alive on _____, 19 _____, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows:					
<u>Natural Cause - premature birth</u>					
(duration) _____ yrs. _____ mos. _____ da.					
CONTRIBUTORY _____ (Secondary) _____ (duration) _____ yrs. _____ mos. _____ da.					
18. Where was disease contracted _____ If not at place of death? _____ Did an operation precede death? _____ Date of _____ Was there an autopsy? <u>No</u> What test confirmed diagnosis? _____ (Signed) <u>[Signature]</u> 19 _____ (Address) _____					
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Sitchfield</u>				DATE OF BURIAL <u>7-6-31</u>	
20. UNDERTAKER <u>Sanity</u>				ADDRESS <u>Marijuana</u>	